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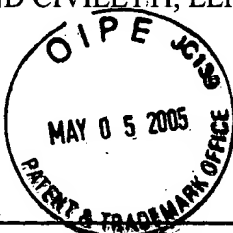
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02/07/2005

VENABLE, BAETJER, HOWARD AND CIVILETTI, LLP  
 P.O. BOX 34385  
 WASHINGTON, DC 20043-9998

05/06/2005 LWONDIH2 00000035 220261 09511991

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## Certificate of Mailing or Transmission

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/511,991	02/24/2000	Elise Taylor	1659.0930000	5220

TITLE OF INVENTION: SYSTEM AND METHOD FOR INFORMATION ASSIMILATION AND FUNCTIONALITY CONTROL BASED ON POSITION INFORMATION OBTAINED BY IMPULSE RADIO TECHNIQUES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,400 <sup>700</sup>	\$0	\$1,400 <sup>700</sup>	05/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRIEU, VAN THANH	2636	340-539130

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Venable LLP

2 Robert Babayi

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Time Domain Corporation

Huntsville, Alabama

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 22-0281 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Robert S. Babayi

Date

Registration No.

33,471

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